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CONFIRMATION NO. 5760

Bib Data Sheet

SERIAL NUMBER 10/777,553	FILING DATE 02/12/2004 RULE	CLASS 410	GROUP ART UNIT 3612	ATTORNEY DOCKET NO. P03,0610
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APPLICANTS

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** CONTINUING DATA *****

None 1/10/05

** FOREIGN APPLICATIONS *****

None 1/10/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>ATD</i>	Initials		

ADDRESS

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TITLE

Cushioned banding anchor

FILING FEE RECEIVED 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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